## **2014 BOARDWALK BEACH JAM OVERNIGHT RELEASE FORM**

FRIDAY, OCTOBER 10 THROUGH SATURDAY, OCTOBER 11, 2014

Form(s) must be completed for EVERY participant. Please fax 831-460-3336 or scan and email to youthsales@beachboardwalk.com

PLEASE PRINT CLEARLY

PARTICIPANT INFORMATION		
Name of Participant:		
Date of Birth:		
Troop #:		
EMERGENCY CONTACT INFORMATION		
Name:		_ (Attending event? 🗖 Yes 📮 No)
Relationship to Participant:		
Phone:	Alternate Phone:	

**INDEMNIFICATION/HOLD HARMLESS:** The participant and his/her parent(s) and/or guardian(s) agrees to indemnify and hold harmless the Santa Cruz Seaside Company dba Santa Cruz Beach Boardwalk from and against all claims, losses, judgments, demands and expenses (including attorney's fees) arising out of or in connection with the Boardwalk Beach Jam Overnight event, except to the extent that such claims result from the sole negligence of the Santa Cruz Seaside Company dba the Santa Cruz Beach Boardwalk and the Cocoanut Grove. This indemnification includes, without limitation, claims resulting from: loss, damage or injury to property and/or personal injury or loss of life.

MINOR MEDICAL TREATMENT RELEASE: In the event that the parent/guardian of a minor is not on-site and cannot be contacted, the parent/guardian hereby authorizes the registered adult chaperone \_\_\_\_\_\_, or such substitute as he/she may designate, to act as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor (youth member/participant) which is deemed advisable and rendered under the general or special supervision of any licensed medical physician, surgeon, or staff member under the provisions of the Medical Practice Act, or dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license to operate a hospital in the state where it is located, whether such diagnosis to treatment is rendered at the office of said physician or dentist, a hospital, or elsewhere. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is understood that effort shall be made to contact the parent/guardian prior to rendering treatment to my/our child, but that any of the above treatment will not be withheld if I/we cannot be reached. This authorization shall remain effective while the above minor (youth member/participant) is in route to or from, or, involved in participating in the Boardwalk Beach Jam Overnight, unless revoked, in writing, by the undersigned and delivered to the aforesaid group leader. This authorization is given pursuant to the provisions of section 6910 of the Family Code of California that states: "The parent or guardian of a minor may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor."

**<u>SAFETY GUIDELINES</u>**: I hereby claim that I have read and understood the Beach Jam Overnight safety guidelines (located within the event Planning Guide) and understand that the participant may be expelled from the event should any of these guidelines be disobeyed.

LOST ITEMS: The Boardwalk is not responsible for any lost, damaged, or stolen items.

**PHOTO RELEASE:** Unless marked here to the contrary, we permit the use of any photos taken during the overnight activities for publicity, promotion or other commercial purposes:

□ You may use images of the participant as long as no identifying information is associated with the image.

□ Please use NO images of the participant in any way.

## **AUTHORIZED PERMISSION AND RELEASE:**

Signature;

\_\_\_\_\_ Printed Name: \_\_\_\_\_

\_ Date: \_\_\_\_\_

(Parent or guardian must sign on behalf of any participants under the age of 18)